

FORCE MEDICAL PROTECTION STRATEGY, JANUARY 1998

Proponent

The proponent for this evolving concept is the Joint Staff, J-4, Medical Readiness Directorate.

Web Site Location

Documents addressing the Force Medical Protection efforts are not on the world wide web. There are several briefings that may be reviewed in the USACHPPM Plans and Integration Office.

Definition

Force Medical Protection - A unified strategy that protects service members from all health and environmental hazards associated with military service. It is a cradle-to-grave continuum consisting of protection, monitoring, and management.

Full Spectrum Dominance - The ability to integrate the emerging concepts of Dominant Maneuver, Precision Engagement, Focused Logistics, and Full-Dimensional Protection to dominate the full range of military operations from humanitarian assistance through peace operations, up to and into the highest intensity conflict.

Synopsis

The overall emphasis for Force Medical Protection is “Protecting our Forces Now and in the Next Century. The President in Presidential Review Directive NSTC-5, “Development of Interagency Plans to Address Health Preparedness for and Readjustment of Veterans and Their Families After Future Deployments” directed this concept or strategy. The forces driving Force Medical Protection include the National Military Strategy, Joint Vision 2010, advancing technologies, the revolution in American Medicine, and the fact that we do not want any more illness events similar to what occurred in the Gulf War

This Force Medical Protection strategy supports the National Security Strategy objectives of enhancing our security with effective diplomacy and with military forces that are ready to fight and win, bolstering America’s economic prosperity, and promoting democracy abroad. Force medical Protection is a conceptual framework for developing and providing medical services to support the CINCs warfighting mission now and into the 21st Century. Force Medical Protection builds on lessons learned since the Gulf War and the principals contained in the Nation Security and Military Strategies, and Joint Vision 2010. It also supports the National Military Strategy objectives of Forward Presence and Power Projection. Full Spectrum Health focuses on three pillars, Healthy and Fit Force, Casualty Prevention, and Casualty Care and Management. The implementation of these three pillars:

- ◆ delivers upon demand to the warfighting CINCs, a healthy, fit and medically ready force;
- ◆ counters the health threat to the deployed force; and
- ◆ provides critical care and management for combat casualties.



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The first component of Force medical Protection is the ability to deploy a healthy and fit force. Tenets of the first component, a Healthy and Fit Force include: physical, emotional, social, intellectual, professional, and spiritual well being.

The healthy and fit force strategies include:

- ◆ target areas with the greatest impact on mission readiness,
- ◆ provide information to commanders and decision makers, and
- ◆ provide incentives for health promotion.

The second component of force medical protection focuses on casualty prevention from environmental, operational, and BW/CW hazards to deployed forces. Tenets of the second component include: assess threats, employ countermeasures, conduct medical surveillance, and analyze trends and outcomes.

The casualty prevention strategies are:

- ◆ establish a joint medical surveillance activity (centralize collection, analysis, and reporting),
- ◆ field medical surveillance information systems,
- ◆ identify and prioritize R&D requirements (bio-sensors and low-level chemical monitors),
- ◆ standardize countermeasure capabilities, and
- ◆ develop metrics to ensure performance (link personnel and medical data, report individual and unit medical readiness).

The third component of force medical protection involves casualty care and management. Components of the third component include: first responder, forward resuscitative surgery, theater hospitalization, and enroute care.

Areas that are to be developed to integrate the three pillars are medical information and command and control systems, training, research and development, and marketing, leadership, and education.

Force Medical Protection promotes:

- ◆ medical readiness through
 - ⇒ a healthy and fit force,
 - ⇒ casualty prevention, and
 - ⇒ casualty management.
- ◆ health service support to joint/contingency operations,
- ◆ small, mobile and modular units to provide essential care, and
- ◆ “jointness” - Joint health support strategy will continue to require a service commitment.

Currently the J-4 Medical Readiness Directorate is developing a document entitled “Force Health Protection.” This document will describe that force health protection is about preventing casualties before, during, and after a military operation. It does this through *full spectrum health services* that: emphasize fitness, preparedness, and preventive measures; improve the monitoring and surveillance of forces engaged in military operations; enhance soldiers’ and commanders’ awareness of health threats before they can affect the force; and support the healthcare needs of the fighting forces and their families across the continuum of medical services.

Force Health Protection is the catalyst for a fundamental reorientation of military medical forces – away from acute-care services that emphasize post-casualty intervention and toward proactive,

preventive services that strive to prevent casualties. Force Health Protection builds on other Joint Vision 2010 concepts as well. Information dominance—one of the key ideas of JV 2010—is a driving force in Force Health Protection, which uses information to improve preventive measures, speed evacuation, and reduce the battlefield footprint of the medical force to its minimum essential level. This document should be available during FY99.

What Does This Mean for Military Public Health?

To perform our preventive medicine mission effectively in the future, we must adopt the following themes common to other documents on our list.

- ◆ create a common culture throughout the DoD that values health and fitness. We will focus on value added products and services that will increase our ability to help shape the international HP & PM environment of tomorrow;
- ◆ USACHPPM could serve as a center of excellence for the full spectrum of health promotion and preventive medicine services in managing the health of our soldiers and beneficiaries;
- ◆ develop partnerships among the MHS, other government agencies, and the private sector to create healthier environments and workplaces;
- ◆ demonstrate the effectiveness of environmental health, occupational health and health promotion in minimizing risk and optimizing readiness, fitness, and health;
- ◆ accurately account for health promotion and preventive medicine assets;
- ◆ determine cost avoidance and cost-effectiveness of preventive medicine and health promotion programs;
- ◆ disseminate current, available, integrated health information for decision support to commanders, policy makers and individuals who can act to influence health and prevent diseases and injuries;
- ◆ use comprehensive, population-based, medical information systems as a foundation for evidence-based disease prevention and health decision making;
- ◆ integrate and analyze the data of existing and new surveillance systems in a prioritized fashion;
- ◆ partner with private industry, other nongovernmental, and governmental agencies for identification and integration of best practices;
- ◆ assist with the development of a Joint service approach in addressing the health promotion and preventive medicine needs of commanders, especially the CINCs;
- ◆ work with the research community to identify operational preventive medicine research requirements and develop solutions to these requirements;
- ◆ be aware of new technologies on the horizon, and then evaluate and optimize the use of applicable new technologies to address current and future preventive medicine issues;
- ◆ assist the Army Medical Department (AMEDD) Center and School and other service schools in developing solutions to address lessons learned and doctrine, training, leader development, organization, materiel, and soldiers (DTLOMS) deficiencies;
- ◆ assist in development of AMEDD and other service medical specific curricula for health promotion and preventive medicine for required officer and enlisted specialties; and
- ◆ assist in the development of health promotion and preventive medicine curricula for Army and all other service schools, basic officer and enlisted, advanced individual

training, and senior service schools. The curricula must stress the connection between health promotion and preventive medicine and commander's Force protection policies.